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## BIB DATA SHEET

CONFIRMATION NO. 7276

<b>SERIAL NUMBER</b> 10/804,436	<b>FILING or 371(c) DATE</b> 03/19/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1657	<b>ATTORNEY DOCKET NO.</b> 068351.0144	
<b>APPLICANTS</b> Mark B. Lyles, Great Lakes, IL; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/456,723 03/21/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/31/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /SATYENDRA K SINGH/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> BAKER BOTTS L.L.P. PATENT DEPARTMENT 98 SAN JACINTO BLVD., SUITE 1500 AUSTIN, TX 78701-4039 UNITED STATES					
<b>TITLE</b> Keratinocyte-fibrocyte concomitant grafting for wound healing					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		